

UNITED STATES HOUSE OF REPRESENTATIVES
2017 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

HAND
DELIVERED Page 1 of 19

LEGISLATIVE RESOURCE CENTER

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(Office Use Only) MC

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

Name: Steven Brett Guthrie Daytime Telephone: 202-225-3501

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>KY</u> District: <u>2</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
	REPORT TYPE	<input checked="" type="checkbox"/> 2017 Annual (Due: May 15, 2018)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Steven Brett Guthrie

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Guthrie

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BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income										BLOCK D Amount of Income												BLOCK E Transaction
SP, DC, JT	ASSET NAME	EIF																																				P, S, S(part), or E
			A	B	C	D	E	F	G	H	I	J	K	L	M																							
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
	401K Retirement plan Hartford Life Simsbury, CT Franklin Growth Fund A						X								X								X															
JT	US Bank Account 500 State St Bowling Green, KY 42101, Checking Savings				X												X							X														
	Deferred compensation plan; Grace Die Cast met Life, Lexington, KY						X								X								X															

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Britt Guthrie

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BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction
			A	B	C	D	E	F	G	H	I	J	K	L	M									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with income over \$1,000,000*	
SP, DC, JT	ASSET NAME	EIF																																		P, S, S(part), or E
SP	Mutual Fund Wells Fargo BCKV American Funds AmCAP A, Indg				X											X			X								X									
SP	Mutual Fund Wells Fargo First Eagle Sagen Global Income A					X										X			X									X								P
SP	Whole Life Insurance New England Financial 700 Quaker Ln Warwick, RI				X														X								X									

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name:

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Guthrie

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income												BLOCK D Amount of Income												BLOCK E Transaction
SP, DC, JT	ASSET NAME	None	A	B	C	D	E	F	G	H	I	J	K	L	M	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E			
	AC 529 Portfolio C																																						
2	T Rowe Price Balanced RP BAY																																						
	Northern Funds NO SIX																																						
	Northern mid cap NOMIX																																						

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Steven Britt Guthrie

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BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with income over \$1,000,000*		
R	Northern Small Cap Index NSIOX			X													X								X												
	Northern Funds International NOINX				X												X								X												
	Newberger, Berman International Large Cap NBICX				X												X								X												
	Cohen Steers Dividen Value OVFIX				X												X								X												

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income										BLOCK D Amount of Income												BLOCK E Transaction
			A	B	C	D	E	F	G	H	I	J	K	L	M																							
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
SP, DC, JT	ASSET NAME	EIF																																	P, S, S(part), or E			
DC	529 Portfolio C																																					
3	T Rowe Price Balanced RP BAY				X											X										X												
	Northern Funds NO SIX				X											X									X													
	Northern mid cap Nomix				X											X									X													

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Britt Guthrie

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BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income										BLOCK D Amount of Income												BLOCK E Transaction
SP, DC, JT	ASSET NAME	EIF	A None	B \$1-\$1,000	C \$1,001-\$15,000	D \$15,001-\$50,000	E \$50,001-\$100,000	F \$100,001-\$250,000	G \$250,001-\$500,000	H \$500,001-\$1,000,000	I \$1,000,001-\$5,000,000	J \$5,000,001-\$25,000,000	K \$25,000,001-\$50,000,000	L Over \$50,000,000	M Spouse/DC Asset over \$1,000,000*	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/IND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II \$1-\$200	III \$201-\$1,000	IV \$1,001-\$2,500	V \$2,501-\$5,000	VI \$5,001-\$15,000	VII \$15,001-\$50,000	VIII \$50,001-\$100,000	IX \$100,001-\$1,000,000	X \$1,000,001-\$5,000,000	XI Over \$5,000,000	XII Spouse/DC Asset with income over \$1,000,000*	P, S, S(part), or E		
R	Northern Small Cap Index NSIOX			X												X								X														
	Northern Funds International NIOINX				X											X								X														
	Newberger Berman International Large Cap NBWIX				X											X								X														
	Cohen Steers Dividen Value CVFIX				X											X									X													

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction
			A	B	C	D	E	F	G	H	I	J	K	L	M									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*	
SP, DC, JT	ASSET NAME	EIF																																		P, S, S(part), or E
SP	Lowell Guthrie Irrevocable Trust BG, KY 1 of 4 Benefitting Shore w/ 3 Siblings 100% Invested in Trace Dic Cost BG, KY										X					X								X												
	Brett Guthrie Gift Trust 100% Invested in Trace Dic Cost BG, KY										X					X								X												

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A Assets and/or Income Sources			BLOCK B Value of Asset													BLOCK C Type of Income										BLOCK D Amount of Income												BLOCK E Transaction
			A	B	C	D	E	F	G	H	I	J	K	L	M																							
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
SP, DC, JT	ASSET NAME	EIF																																				
	Equity in Trace De Cast, Inc 140 N Graham Ave BG KY								X							X												X										
	KY Employment Retirement system																																					
	Carolyn Guthrie Irrevocable Trust Share w/ Siblings (1 of 4)	①							X							X								X														

SCHEDULE A – ASSETS & “UNEARNED INCOME”

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SCHEDULE B – TRANSACTIONS

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Steven Brett Guthrie Page 15 of 19

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period.** **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/15	Mortgage on Rental Property, Dover, DE				X							
JT	JPMorgan Chase of Columbus	11/11	Mortgage on Primary Residence		X									
JT/W	US Bank; 4810 Daughter Frederica St, Owensboro, KY	6/16	Co-Signed for daughter's Primary Residence				X							

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Advisory Board member	Center for Gifted Studies at Western KY University
Advisory Board member	Western Kentucky University
Board Member	Trace Ore Corp, Inc (Uncompensated)

SCHEDULE F – AGREEMENTS

Name: Steven Brett Guthrie

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
1/3/9	Brett Guthrie & Trace Dye Cost	leave of absence for government service
1/3/9	B.G. & Trace Dye Cost	Reported 401K, NonContributing by myself or Trace
1/3/9	B.G. & Trace Dye Cost	Reported Deferred Comp; noncontributing by Trace while on leave
1/09	KY Employee Retirement System KERS	Agreement between self & KERS-Defined benefit No cash value or assets owned or controlled by me

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
<i>Example:</i> Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400

Use additional sheets if more space is required.

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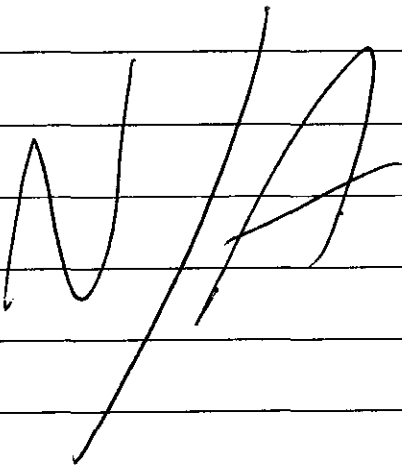
EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: <u>Steven BrA Guthrie</u>	Page <u>18</u> of <u>19</u>
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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2017	\$2,000
	XYZ Magazine	Article	Aug. 13, 2017	\$500
				

[illegible]